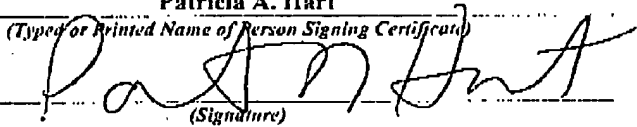
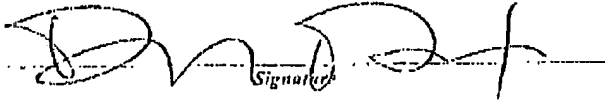


CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8) Applicant(s): <u>Yasushi Miyajima et al.</u>			Docket No. YKI-0065
Application No. 09/820,262	Filing Date 03/28/2001	Examiner Xiao Min Wu	Group Art Unit 2674
Invention: DISPLAY DEVICE OF ACTIVE MATRIX TYPE			
			RECEIVED CENTRAL FAX CENTER
JAN 05 2005			
I hereby certify that this <u>Amendment Transmittal Letter (1 pg); Response to Office Action (12 pgs)</u> (Identify type of correspondence) is being facsimile transmitted to the United States Patent and Trademark Office (Fax. No. <u>1-703-872-9306</u>) on <u>January 5, 2005</u> (Date)			
<div style="text-align: center;">Patricia A. Hart (Typed or Printed Name of Person Signing Certificate)  (Signature)</div>			
Note: Each paper must have its own certificate of mailing.			
BEST AVAILABLE COPY			

AMENDMENT TRANSMITTAL LETTER (Large Entity)					Docket No. YKI-0065	
Applicant(s): Yasushi Miyajima et al.						
Application No. 09/820,262	Filing Date 03/28/2001	Examiner Xiao Min Wu	Customer No. 23413	Group Art Unit 2674	Confirmation No. 1979	
Invention: DISPLAY DEVICE OF ACTIVE MATRIX TYPE						
COMMISSIONER FOR PATENTS:						
Transmitted herewith is an amendment in the above-identified application.						
The fee has been calculated and is transmitted as shown below.						
CLAIMS AS AMENDED						
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE	
TOTAL CLAIMS	18 -	22 =	0	x \$50.00	\$0.00	
INDEP. CLAIMS	8 -	3 =	5	x \$200.00	\$1,000.00	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00	
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$1,000.00	
<input type="checkbox"/> No additional fee is required for amendment. <input checked="" type="checkbox"/> Please charge Deposit Account No. 06-1130 in the amount of \$1,000.00 <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 06-1130 <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card, Form PTO-2038.						
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.						
 Daniel F. Drexler Registration No.: 47,535 Customer No.: 23413			Dated: January 5, 2005			
CC:			I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on _____ <div style="text-align: center;">(Date)</div> <div style="text-align: center;">_____ Signature of Person Mailing Correspondence</div> <div style="text-align: center;">_____ Typed or Printed Name of Person Mailing Correspondence</div>			

P11LARGE/REV09

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

RECEIVED
CENTRAL FAX CENTER

JAN 05 2005

APPLICANT: YASUSHI MIYAJIMA, *et al.*)
SERIAL NO: 09/820,262) Art Unit: 2674
FILED: March 28, 2001)
FOR: DISPLAY DEVICE OF ACTIVE) Examiner:
MATRIX TYPE) Xiao Min Wu
) Conf. No.: 1979
)

REPLY TO NON-FINAL OFFICE ACTION
UNDER 37 C.F.R. §1.111, WITH AMENDMENT

Via Facsimile to 1-703-872-9306
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

In response to the Office Action of October 5, 2004, please enter the following:
Amendments to the Claims, beginning on page 2 of this paper, and
Remarks, beginning on page 11 of this paper.

I hereby certify that this correspondence was facsimile transmitted to the United States Patent Office (Fax No. 1-703-872-9306) on:	
January 5, 2005 (Date of Deposit)	
Patricia A. Hart (Name of Person Mailing Paper)	01/05/05 Date
Signature	

**This Page is Inserted by IFW Indexing and Scanning
Operations and is not part of the Official Record**

BEST AVAILABLE IMAGES

Defective images within this document are accurate representations of the original documents submitted by the applicant.

Defects in the images include but are not limited to the items checked:

- ☐ BLACK BORDERS
- ☐ IMAGE CUT OFF AT TOP, BOTTOM OR SIDES
- ☒ FADED TEXT OR DRAWING
- ☐ BLURRED OR ILLEGIBLE TEXT OR DRAWING
- ☐ SKEWED/SLANTED IMAGES
- ☐ COLOR OR BLACK AND WHITE PHOTOGRAPHS
- ☐ GRAY SCALE DOCUMENTS
- ☐ LINES OR MARKS ON ORIGINAL DOCUMENT
- ☐ REFERENCE(S) OR EXHIBIT(S) SUBMITTED ARE POOR QUALITY
- ☐ OTHER: _____

IMAGES ARE BEST AVAILABLE COPY.

As rescanning these documents will not correct the image problems checked, please do not report these problems to the IFW Image Problem Mailbox.